PTO/SB/06 (08-00)
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PATENT APPLICATION FEE DETERMINATION RECOR								Application or Docket Number						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								S	MALL E	NTITY	OR	OTHER T		
FOR NUMBER FILED NUMBER EXTRA						ſ	RATE	FEE		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))									\$	OR		\$		
TOT	AL CLAIMS OFR 1.16(c))		6 2	<b>E</b> minu	s 20 =	* _		×	\$ <u> </u>	_	OR	x \$ =		
INDI	PENDENT CLA	UMS	6 4	<b>≇</b> mine	ıs 3 =	* 3	3	_	<u> 79 =                                   </u>	126	OR	x =		
(37 CFR 1.16(b))  MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+	=		OR	+ =				
* If the difference in column 1 is less then zero, enter "0" in column 2								7	TOTAL	126	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							S	MALL E	NTITY	OR	OTHER T			
AMENDMENT A		REMA AFT	AIMS AINING TER DMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE x \$=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(c))	*		Minus	**		=		<b>5</b> =_		OR	x \$=		
	Independent (37 CFR 1.16(b))	*		Minus	***		=	x	=		OR OR	x=		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=	_		
(Column 1) (Column 2) (Column 3)								TOTAL IT. FEE		OR A	TOTAL DDIT. FEE			
AMENDMENT B		REMA AFI	AIMS AINING TER DMENT		NU PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total (37 CFR 1.16(e))	*		Minus	**	=	x \$=		OR	x \$=				
	Independent (37 CFR 1.16(b))	*		Minus	***		=	x .	x =		OR OR	x=		
	FIRST PRES	ON OF M	OF MULTIPLE DEPENDENT CLAIM			(37 CFR 1.16(d))	<b>1</b>		_	OR	+=			
(Column 1) (Column 2) (Column 3)								ADE	TOTAL DIT. FEE		OR TOTAL ADDIT. FEE			
AMENDMENT C		REMA AF	AIMS AINING FER DMENT		NI PREV	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	*		Minus	**		=	x :	\$=		OR	x \$=		
	Independent (37 CFR 1.16(b))	*		Minus	***		=	x .	=		OR OR	x=		
	FIRST PRES	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							=		OR	+=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest wayber found in the conception has in column 1.														

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**CLAIMS AS FILED - PART I** 

Application of Docket Number

OTHER THAN

10 600 281

**SMALL ENTITY** 

<del></del>			(Column 1)		(Column 2)		TYPI	TYPE			OR SMALL ENTITY	
TOTAL CLAIMS			6				R/	ATE .	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	375.00	OR	BASIC FEE	750.00
то	TAL CHARGEA	BLE CLAIMS	6 min	us 20=	* Ø		X	9=		OR	X\$18=	
IND	EPENDENT CL	AIMS	√6 mii	nus 3 =	* 3		X	12=	126	OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	40=		OR	+280=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2				TO	TAL	501	OR	TOTAL	
	C	I AIMS AS A	AMENDED - PART II						<u></u>		OTHER	THAN
		(Column 1)	(Column 2) (Column			(Column 3)	SM	ALL I	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA	RA	RATE	ADDI- TIONAL FEE		RATE	ADDI-, TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent				CL AINA	=	X	12=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
	(Column 1) (Column 2) (Column 3)							OTAL		OR	TOTAL	
								r. FEE			ADDIT. FEE	
AMENDMENT B		CLAIMS		HIGH	EST				ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA	RA	ΝTE	TIONAL		RATE	TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	ependent			*** =			2=		OR	X84=	
	FIRST PRESE	NIATION OF MI	LTIPLE DEPENDENT CLAIM				+14	40=		OR	+280=	1
							L	OTAL		OR	TOTAL	
								r. FEE I		On	ADDIT. FEE	
	and the second	(Column 1)		(Colun		(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID	BER DUSLY	PRESENT EXTRA	R.A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	01.4	=	X4	2=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							10-			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OR	TOTAL			
							ADDIT			OR	ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												